

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 047868284 FILING DATE

APPLICANT(S):

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
3	/			
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48		/		
49		/		
50		/		
TOTAL IND.	2	3	2	3
TOTAL DEP.	19	28	28	30
TOTAL CLAIMS	19	30	30	30

CLAIMS	IND.		DEP.	
	IND.	DEP.	IND.	DEP.
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99				
100				
TOTAL IND.			1	1
TOTAL DEP.			1	1
TOTAL CLAIMS			1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS